

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/542683

FILING DATE

APPLICANT/RA

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/			51		/		/	
2		/		/		/		52		/		/	
3		/		/		/		53		/		/	
4		/		/		/		54		/		/	
5		/		/		/		55		/		/	
6		/		/		/		56		/		/	
7		/		/		/		57		/		/	
8		/		/		/		58		/		/	
9		/		/		/		59		/		/	
10		/		/		/		60		/		/	
11		/		/		/		61					
12		/		/		/		62					
13		/		/		/		63					
14	/							64					
15		/						65					
16		/						66					
17		/						67					
18		/						68					
19		/						69					
20		/						70					
21		/						71					
22		/						72					
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33		/						83					
34		/						84					
35		/						85					
36		/						86					
37		/						87					
38		/						88					
39		/						89					
40		/						90					
41		/						91					
42		/						92					
43		/						93					
44		/						94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL NO.	8		8		8			TOTAL NO.		8		8	
TOTAL DEP.	22		22		22			TOTAL DEP.		22		22	
TOTAL CLAIMS	30		30		30			TOTAL CLAIMS		30		30	